

Decision Maker: Portfolio Holder

Date: September 2020

Decision Type: Non-Urgent Non-Executive Non-Key

Title: THE ADVOCACY SERVICES CONTRACT
MONITORING REPORT FOR MEMBERS

Contact Officer: Garnett Clough, Commissioning Officer
Tel: 020 8461 7304 E-mail: garnett.clough@bromley.gov.uk

Chief Officer: Kim Carey, Director for Adult Social Care

Ward: All Wards

1. Reason for report

The Adult Health and Care Policy Development and Scrutiny Committee have requested an annual monitoring report on commissioned providers. The Advocacy Service is currently provided by Advocacy for All. This report provides a summary of their performance.

2. RECOMMENDATION(S)

That the Adult Care and Health PDS Committee (ACH PDS):

1. Are requested to note the content of this contract monitoring report on the performance of Advocacy for All in delivering the Advocacy Services Contract

Impact on Vulnerable Adults and Children

1. Summary of Impact: None

Corporate Policy

1. Policy Status: N/A
 2. BBB Priority: Supporting Independence
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Financial

1. Cost of proposal: £287k per annum:
 2. Ongoing costs: £287k per annum:
 3. Budget head/performance
 4. Total current budget for this head: £287k
 5. Source of funding: ECHS Core Budget
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Staff

1. Number of staff (current and additional): N/A
 2. If from existing staff resources, number of staff hours: N/A
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Legal

1. Legal Requirement: Statutory Requirement
 2. Call-in: Applicable
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Based on 2019/20 the numbers of people accessing the Advocay Service provision is 1545
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Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
 2. Summary of Ward Councillors comments: Not Applicable
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3. COMMENTARY

- 3.1 Advocacy for All are contracted by LB Bromley to deliver the statutory independent advocacy service function. The Advocacy contract provides statutory advocacy services for both adult and children's services.
- 3.2 The Council approved commissioning a new single point of access Advocacy Service in April 2018. The aim of the single point of access Advocacy Service is to provide a seamless, accessible Service, where different forms of Advocacy are delivered in a holistic way centered on the Service Users needs and requirements.
- 3.3 Advocacy for All provides the following advocacy services:
- Care Act Advocacy
 - Independent Mental Health Advocacy (IMHA)
 - General Mental Health Advocacy (CMHA)
 - Independent Mental Capacity Advocacy (IMCA)
 - Independent Health Complaints Advocacy (IHCA)
 - Children and Young Persons Advocacy (CYP)
 - Learning Disabilities Advocacy
- 3.4 The Advocacy Service may be accessed by residents who have been assessed by the local authority as meeting the eligibility criteria for social care services and some NHS services. Service Users who meet the eligibility criteria are those who are:
- Eligible under the Care Act 2014;
 - Eligible for Children and Young People's Advocacy if they are
 - A Child in Need that does not have a parent/Carer to help them;
 - A Care Leaver or a Looked After Child
 - Experiencing a level of Disability which impairs their ability to advocate on their own behalf;
 - Experiencing complex needs and are experiencing situations which they are unable to cope with without appropriate support; and/or:
 - In the situation of having no known relatives or friends able to speak for them; and/or, have relatives views which are in conflict with the Service User views.
- 3.5 The service supports people to access information and services, defend and promote people's rights and represent people in a variety of settings principally as a part of any process that involves decisions about that individual.
- 3.6 The Advocacy Service supports individuals to express their views and wishes in a variety of circumstances so that their voices are heard. Where this is not possible an advocate is assigned to represent and present peoples wishes on their behalf. The service includes ensuring Service Users achieve the following outcomes:
- Empowering Service Users by giving a voice so they will not have to struggle to be heard.
 - Equipping sevice users with the support they need to voice their concerns to be able to Self-Advocate where possible.
 - Empowering Service Users to be independent to make informed decisions regarding the reasons they required Advocacy support
 - Service Users will be aware of their rights to make a complaint and have the skills to do so.

- Service Users' voices will be heard or represented during meetings or processes that involve decisions about them.
- In addition the Contractor will establish co-produced outcomes with each Service User specific to their individual needs

4. THE CONTRACT AND SERVICE OUTCOMES

- 4.1 The contract with Advocacy for All supports the council to fulfil its statutory duties in providing an Advocacy Service to those who have been assessed as meeting the eligibility criteria for care services. The contract was awarded following a competitive tender and commenced on 1 April 2018 for a period of three years with the option to extend up to a further two years on a 1 year +1 year basis.
- 4.2 Advocacy for All subcontract the provision of Independent Mental Health Advocacy, General Mental Health Advocacy and Independent Health Complaint Advocacy to 'The Advocacy People' (previously know as 'Support, Empower, Advocate and Promote/SEAP').
- 4.3 In providing the Advocacy Service, the single point of access advocacy service delivers the following service outcomes:
- Simple and accessible referral routes to the Service
 - Ensuring all communities, including those who are traditionally difficult to reach, are aware of and able to access the services.
 - Work with Service Users through the use of Advocates so that they understand their rights and how to exercise them, e.g. how to make a complaint or challenge a decision.
 - Service Users should be allocated a trained and suitable Advocate, specific to the type of Advocacy required.
 - Encourage individuals' voices to be heard through their own choice of language and expression and not through language that is standardised or using terminology that the Service User is not happy with or would not use of their own accord.
 - Actively work to produce solutions to problems that the Service may encounter and to overcome barriers both on a service level and in terms of individual's cases.
 - Work in partnership with Service Users and their carers as well as the relevant organisations to develop and maintain the Service.
 - Maintain effective working relationships with partnership organisations to promote the needs of Service Users so that regular channels of communication are open to ensure effective referral pathways and joint working arrangements are in place.
 - Partnership working with frontline staff in Health and Social Care organisations such as the Local Authority's Initial Response Team, as well as the wider community, to facilitate a better understanding of Advocacy to improve access.
- 4.4 The figures below show the quarterly and annual numbers of enquiries received and hours delivered by Advocacy for All from 2018/19 – 2019/20.

	QTR 1	QTR 2	QTR 3	QTR 4	Total Advocacy Enquiries and hours delivered 2018/19
No of unique enquiries	147	235	377	198	883
No of Advocacy hours delivered	1194.6	1722.6	2384	2137.5	7439

	QTR 1	QTR 2	QTR 3	QTR 4	Total Advocacy Enquiries and hours delivered 2019/20
No of unique enquiries	495	398	377	343	1613
No of Advocacy hours delivered	1439.58	1896	1824	1770	6929

4.5 The figures above show the numbers of enquiries during the year 1 of the contract increased by 45.26% in year 2. It should be noted that although the numbers of enquiries has increase this does not mean the numbers of hours will also increase as this is dependent on the nature of advocacy involvement required by the service user. The provider has mostly exceeded targets and continues to provide a good service in accordance with the contract and specification. See Section 6.6 below.

5. STAKEHOLDER ENGAGEMENT

5.1 The use of Service User feedback, case studies, complaints and compliments are part of the monitoring oversight in order to ascertain the Service User's views and what is important to them in service provision. The Contracts Compliance team also conducts a Quality Assessment Framework Questionnaire with the provider annually.

6. CONTRACT MANAGEMENT AND PERFORMANCE

6.1 In order to ensure compliance with the terms of the contract and specification, the contract is monitored through planned quarterly contract management meetings. One on the main functions of the meeting is to review the organisations performance against the Key Performance Indicators (KPI) and to discuss any trends /barriers in delivery of the service during the quarter.

6.2 Activity levels in this new single point of access advocacy service have increased on previous years, this is due to the service becoming more established with increased awareness of its availability with residents and frontline staff. The increase is especially noticed in the referrals received for Children's Advocacy, Independent Mental Health Advocacy and Learning Disability Advocacy where the referral levels have exceeded the Key Performance Indicator Targets. As indicated in Section 4.4 and 6.6 below.

6.3 To ensure that the provider is adhering to the terms of the contract, the Contracts Compliance Team also conduct an annual Quality Assurance Framework (QAF) review of the service

provided by Advocacy for All. Findings from the visit are presented to the provider in a report and Action Plan which must be responded to in agreed timescales. A Quality Assurance Framework review (QAF) was conducted in November 2019.

6.4 The QAF concluded that ‘it was evident that staff at Advocacy for All are committed to deliver an effective service and achieve best outcomes for the Service Users supported. Referrals are picked up and allocated promptly and communication is established with referring professionals and Service Users accordingly. It is also evident that senior management acknowledge the gaps identified and work towards improving the service where required. It was really good to see that the quality assurance framework is used to monitor and improve practice within the organisation’. This indicates that Advocacy for All is providing a good service.

6.5 Key Performance Indicators (KPIs) and Targets

6.6 Officers meet with the provider on a quarterly basis where performance targets are examined and discussed. The table below provides an overview of the Single Advocacy Service KPI and Targets for 2019 – 2020. The data shows that new referrals for Care Act, IMCA & Deprivation of Liberty Safeguards (DoLs) and IHCA are lower than expected. However overall, the provider has far exceeded its targets in all service areas except the IHCA where the average number of referrals during this period is 16.

Single Advocacy Service Overview 2019 – 2020

Service Area	Minimum Target	Qtr 1 No.	Qtr 2 No.	Qtr 3 No.	Qtr 4 No.	2019/20 Total to date
Care Act Advocacy						
No. of new Care Act Referrals in Qtr	150 Annually	7	23	13	25	220 Per Annum
No. of Active Care Act cases in Qtr		28	45	51	28	
IMCA & DoLs Advocacy *						
No of new IMCA referrals in Qtr	100 qtrly*	25	23	22	18	109.5 Per Qtr
No of active (IMCA) cases in Qtr		37	33	38	8	
No of new Relevant Person's Representative (RPR) referrals in Qtr		16	15	12	12	
No of active cases (RPR) cases in Qtr		55	47	46	31	

IMHA & CMHA Advocacy						
IMHA	90 qtrly	70	76	67	76	135.25 Per Qtr
*CMHA (GENERAL)		75	89	48	40	
Children's Advocacy						
Children & Young People (CYP)	270 Annually	132	100	104	92	428 Per Annum
Learning Disability Advocacy						
Learning Disabilities (Advocacy)	100 Annually	50	54	49	55	208 Per Annum
Learning Disabilities (Meetings)	70 Annually	27	24	22	20	93 Per Annum
Independent Health Complaint Advocacy						
IHCA	70 referrals qtrly	9	10	30	15	16 Per Qtr
Total Advocacy Referrals		411	414	367	353	1545

- 6.7 In order to ensure delivery and improvement to the present and future KPIs, Officers will continue to monitor the performance targets quarterly at Contract Management meetings and review the KPIs and Outcomes annually to ensure they are still relevant and fit for purpose to support the Council to meet its statutory duties and vision.
- 6.8 An area for improvement is the IHCA service provided by The Advocacy People on behalf of Advocacy for All. Advocacy for All are being asked to consider innovative ways of engaging and empowering people in hospital to raise concerns if necessary about their care and support as the numbers of complaints are well below the anticipated 70 per quarter. Officers are in liaison with the provider to better understand the lower than expected IHCA referrals and to consider what can be done to raise awareness with service users of their rights to complain and to be supported in doing so.
- 6.9 Since April 2020 the COVID-19 pandemic has not hindered delivery of the Advocacy Service as the provider has found ways of connecting with service users. Social Care teams were made aware there were no changes to the referral process and where possible meetings with client would take place online or by telephone. The provider also carried out additional welfare support to service users. On the lifting of the first lockdown advocates wearing Personal

Protective Equipment (PPE) have been able to hold face to face meetings with service users in designated areas in care homes to conduct meetings and DoLs assessments.

6.9 The provider has formed new partnerships with two other charities to assist them in giving online support to both children and young people and adults. Adapting to digital technologies has supported residents to receive remote support, information, guidance and advice as well as helping people access a range of other local community resources and services.

6.10 Advocacy for All has continued to provide regular service data and attend and contribute to the quarterly Contract Management Meeting where key performance indicators, targets and service delivery is discussed. The table below provides details of the referral levels in the first two quarters of 2020 - 2021.

Number of referrals within Qtr	Minimum Target	Qtr 1 No.	Qtr 2 No.
Care Act	150 Annually	6	21
IMCA (DoLS)*	100 qtrly*	24	30
RPR & Rule 1.2		11	15
IMHA	90 qtrly	52	54
CMHA (GENERAL)		31	36
Children CYP	270 Annually	71	76
Learning Disabilities (Advocacy)	100 Annually	45	40
Learning Disabilities (Meetings)	70 Annually	11	16
IHCAS	70 referrals qtrly	9	13

6.11 In summary, Advocacy for All is providing an effective and efficient service in all areas of the contract. All referrals are responded to on the date of receipt of referrals within the set timescales included in the Service Specification and a detailed explanation is provided in a Narrative Report if there are lapses in meeting timescales. Advocacy for All has always responded positively to request for help from the Council (sometimes at very short notice) and have provided a good service to the Bromley service users, care management and commissioning during 2019/20.

7. SERVICE PROFILE / DATA ANALYSIS

7.1 The service sees a range of Service Users and further detail is provided in the PowerPoint presentation provided by Advocacy for All.

8. SUSTAINABILITY AND IMPACT ASSESSMENTS

8.1 The Council recognises that people with a social care need may require support to make decision about the care and support services and outcomes they want to achieve from those

services. The provision of appropriate advocates to help with decision making is a key element in successfully delivering the Advocacy Service in Bromley.

- 8.2 The Advocacy Service delivered by Advocacy for All supports the Council in meeting their statutory duty and vision by helping people to maximise their independence, giving them choice and control about who and how their care services are delivered to help them to remain healthy and safe in their own home for as long as possible.
- 8.3 No groups are considered to be disadvantaged by the proposals in this report.

9. POLICY CONSIDERATIONS

- 9.1 The Advocacy for All supports the Council in meeting its statutory duty to provide an Independent Advocacy Service under the Care Act 2014, Care and Support (Independent Advocacy Support) Regulations 2014, Mental Health Act 1983 (Section 2 and 3), Mental Health Act 2007 (Section 30), The Mental Capacity Act 2005 (Section 35), The Children's Act 1989 (Section 26A), The Children's Act 2004 (Section 53) and The Health and Social Care Act 2012.

10. IT AND GDPR CONSIDERATIONS

- 10.1 The contract has been updated to ensure it is GDPR compliant and Advocacy for All has signed the contract variation document.